

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012792

STATE FILE NUMBER

FILED MAY 12 1959

Registration District No.

098

Primary Registration District No.

Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>DAVIESS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>DAVIESS</b>	
b. CITY OR TOWN <b>Jameson-Grand River</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Jameson</b> 6310 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>R.F.D. #2</b> Length of stay in lb <b>2 months</b>		d. STREET ADDRESS (If outside, give location) <b>R.F.D. #2</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Millic</b> Middle <b>Victoria</b> Last <b>DUNCAN</b>			4. DATE OF DEATH Month <b>April</b> Day <b>30</b> Year <b>1959</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 21, 1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Household</b>	9. AGE (In years last birthday) <b>77</b> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <b>MERCER Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George MARRS</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH (unknown) MARRS, FRED DUNCAN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>478-28-0399</b>	
17. INFORMANT <b>FRED DUNCAN</b> Address <b>JAMESON Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b> DUE TO (b) <b>Intereschemia</b> DUE TO (c) <b>5 yrs</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4500</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>Mar 5-9</b> , to <b>4-30-59</b> and last saw her alive on <b>4-30-59</b> Death occurred at <b>8:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Thelma E. Nelson</b> (Degree or title) <b>2nd</b>		22b. ADDRESS <b>Leeleten Mo</b>	22c. DATE SIGNED <b>5-1-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/2/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GIRONER Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>MERCER Co. Mo.</b>
24. FUNERAL DIRECTOR <b>Godon Blackman</b> ADDRESS <b>Trenton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-6-1959</b>	26. REGISTRAR'S SIGNATURE <b>Dugan M. Engelhart</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Local, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Claude H. Candace* .....

Licensed Embalmer No. *4986* .....  
P. O. Address *Trenton, N.J.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.